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Country programme outline for China

Proposed UNFPA assistance: $15 million, $10.5 million from regular resources and $4.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 3 years (2003-2005)

Cycle of assistance: Fifth

Category per decision 2000/19: C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	10.2	4.5	14.7
Programme coordination and assistance	0.3	-	0.3
Total	10.5	4.5	15.0

I. Situation analysis

1. The transformation of the economy of China from a centrally planned to a market-oriented system has led to remarkable economic progress and improvements in people's living standards, although socio-economic disparities within the country have increased markedly.

2. China has endorsed and is committed to the implementation of such international agreements as the Programme of Action of the International Conference on Population and Development (ICPD), the Programme of Action of the World Summit for Social Development, the Platform for Action of the Fourth World Conference on Women and the Millennium Declaration.

3. Most of the ICPD thresholds have been met. The population in 2000 was placed at 1.3 billion, the largest in the world, with an annual increase of about 13 million. Given an annual population growth rate of approximately 1.1 per cent and a total fertility rate of 1.8 children per woman, the country is headed towards population stabilization. The size of the population is estimated to reach 1.6 billion by 2050.

4. In 2000, the contraceptive prevalence rate for modern methods was 83 per cent. The infant mortality rate and the maternal mortality ratio (MMR) were 30 per 1,000 live births and 53 per 100,000 live births, respectively. However, these national averages tend to mask geographical disparities, particularly in the Western region, where the MMR is estimated at 100 per 100,000 live births. Also, HIV/AIDS has recently become a major health and social concern, especially among migrants, adolescents and other high-risk groups.

5. As the reform process proceeds, new challenges are emerging. A gender gap exists at higher levels of education. Political participation, particularly at local levels, has been low for women, and the legal mechanisms to protect women's rights are not adequately enforced. Also, as a consequence of fertility decline resulting in a change in the population age structure, issues associated with ageing are beginning to emerge.

6. In 2000, the United Nations Common Country Assessment (CCA) identified key thematic areas that could be jointly addressed by the United Nations agencies in China. The United Nations Development Assistance Framework (UNDAF) goals most pertinent to the UNFPA mandate include: (a) to promote sustainable development to reduce disparities; (b) to support favourable conditions for national reform and the development process; and (c) to assist China's efforts to meet global challenges and promote international cooperation.

II. Past cooperation and lessons learned

7. UNFPA has assisted China since 1980. The first three country programmes focused mainly on increasing the capacity for data collection and analysis and improving the quality of maternal and child health/family planning services. Following the ICPD in 1994, the Government and UNFPA extensively discussed the introduction of new approaches in line with ICPD principles. Under the fourth country programme, targets and quotas were lifted in the 32 counties supported, and

information, education and communication (IEC) materials stipulating adherence to ICPD principles were distributed to all households and service delivery points (SDPs).

8. The major achievement of the previous programme was the shift from an administrative family planning approach to an integrated, client-oriented reproductive health approach in the project counties. Service providers were trained in quality of care, and SDPs were upgraded to provide integrated reproductive health services in both the State Family Planning Commission (SFPC) and the Ministry of Health (MOH) clinics. Evidence indicates a downward trend in the abortion ratio, and a shift in the method mix from permanent to temporary methods. The success of the programme was beyond expectations, and the Government intends to institute aspects of the client-oriented, quality reproductive health approach in 827 additional counties. Nevertheless, many issues still need to be addressed. For example, quality of care should be enhanced and further promoted to include currently underserved population groups. Also, attitudinal changes achieved during the past programme need to be replicated on a broader scale.

9. The pilot project on adolescent reproductive health (ARH) in Shanghai and Beijing, involving students as youth volunteers/peer educators, helped increase awareness of sexual and reproductive health issues and generated support from local leaders, teachers, parents and family planning workers. Through a social marketing pilot project, target consumers, particularly adolescents lacking easy access to contraceptives, became aware of reproductive health issues and purchased condoms. These successful initiatives should be expanded to provide appropriate reproductive health information and services to underserved population groups, including adolescents, migrants and men.

10. The management capacity of MOH and SFPC staff to provide quality reproductive health services has been strengthened. There is also an improved collaboration between the two ministries in the development of the Standard Service Delivery Protocols (SSDPs) and in the delivery of services. An improved management information system (MIS) has been established and its use, especially in generating relevant data for monitoring, needs to be increased.

11. Under the previous programme, local advocacy networks were created and officials were trained on basic advocacy concepts and methodologies in reproductive health. The sharing of experiences in reproductive health with other developing countries contributed to South-South collaboration and capacity strengthening of selected Chinese institutions. Lessons learned indicate that under the reproductive health/family planning project more focus should have been placed on the promotion of male responsibility and involvement in reproductive health. Also, a project for improving women's status through income generation was found to have weak linkages with the reproductive health component.

12. UNFPA has played a catalytic role in introducing a comprehensive, voluntary reproductive health approach, and the UNFPA country office in Beijing has ensured regular and rigorous monitoring of the project counties. It should be noted that over 140 monitoring field missions have

been conducted, variously by the field office staff, the Country Technical Services Team (CST), Executive Board members and donor representatives.

III. Proposed programme

13. The proposed programme is based on the CCA/UNDAF completed in 2000 and the findings and recommendations of the UNFPA technical review carried out in 2002. It coincides with China's Tenth Five-Year Development Plan. The proposed programme will contribute towards two UNDAF objectives: (a) to improve the quality of, and provide equal access to, basic social services; and (b) to reduce the burden of HIV/AIDS.

14. The goal of the proposed programme is to assist the Government of China in implementing the ICPD Programme of Action in the areas of reproductive health, gender equality and ageing. The expected outcomes of the proposed programme are to have contributed to: (a) increased utilization of quality, integrated, client-centred reproductive health/family planning services by women, men and adolescents in accordance with the principles of the ICPD; (b) promotion of gender equality in access to resources (information, education and social support) and reproductive health/family planning services; and (c) increased political support at national and local levels for policies and programmes dealing with population ageing. UNFPA will utilize the experiences of the Government and other donors in reproductive health, including WHO, UNICEF, the Program for Appropriate Technology in Health (PATH) and the Ford Foundation.

15. UNFPA has played, and will continue to play, a catalytic role to assist China to move from an administrative family planning approach to a client-oriented, quality of care approach. UNFPA will consolidate its work in the 32 counties assisted under the previous programme by continued monitoring of the provision of integrated, voluntary reproductive health services. The experiences of the 32 counties in programme management will be shared with other counties selected for the proposed programme. It is proposed that at least one pilot county be selected in each of the 31 provinces and autonomous regions. Selection criteria used under the previous programme will be applied, including unmet need for reproductive health, emerging reproductive health issues, geographic disparities and the commitment of local authorities.

16. The six expected outputs are as follows: Output 1: Increased availability to women, men and adolescents of quality, integrated, and client-centred reproductive health/family planning information and services. An integrated package of reproductive health information and services will be provided in the project counties. This comprehensive package will emphasize informed choice, family planning, maternal care, the prevention of abortion and the prevention of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs), including HIV/AIDS. Training will be provided to improve knowledge and technical competence in comprehensive quality reproductive health care, including counselling. Innovative pilot projects will be developed to meet men's reproductive health needs. Efforts will be directed to the development, production and distribution of

appropriate and culturally sensitive IEC materials, focusing on such issues as reproductive health and rights, RTIs/STDs/HIV/AIDS, and gender. Social marketing of condoms will be expanded, targeting high-risk groups such as migrant workers and adolescents.

17. There will be a special focus on ARH through advocacy for policy development, recognizing the reproductive health rights of young people. The pilot ARH projects supported under the previous programme will be expanded to other areas with considerable outmigration. Various modalities will be pilot-tested to provide youth-centred information, counselling and services. In addition, support will be provided to strengthen the capacity of programme managers at the three tiers of the health system. UNFPA will provide assistance to improve the MIS system to generate quality data on a timely basis for programme monitoring and management.

18. Output 2: Increased awareness and knowledge of HIV/AIDS among policy makers, programme managers, service providers and the general public; and increased availability of HIV/AIDS information and quality condoms for high-risk groups in pilot areas. Support will be provided for advocacy aimed at policy makers to increase their commitment and support for HIV/AIDS programmes, policy development, and effective promotion, distribution and use of condoms. This will be linked with HIV/AIDS prevention activities integrated with reproductive health service provision at the primary health care level, including training of service providers, empowerment of women and girls to negotiate and practice safer sex, and promotion of male involvement in reproductive health. Interventions targeting high-risk groups such as sex workers and their clients will be piloted in cities with high HIV prevalence.

19. Output 3: Strengthened capacity and an established mechanism for South-South collaboration in reproductive health. In line with the recommendations of the technical review, UNFPA will continue to support selected Chinese institutions to provide reproductive health training to other developing countries. Under this South-South initiative, an exchange of experiences will be promoted through seminars, conferences, and study tours.

20. Output 4: Increased gender awareness among policy makers, programme managers and service providers in the health sector; and women, men and adolescents. Assistance will be provided to integrate gender concerns into the reproductive health advocacy strategy so as to influence policy makers and programme implementers and garner their support for the incorporation of gender issues in reproductive health policies, plans and programmes. UNFPA will also generate support for a target-specific public information programme, aiming at sensitizing men, women and adolescents on the issues, policies and laws promoting gender equality, reproductive rights, and male involvement in reproductive health.

21. Output 5: Strengthened capacity to conduct advocacy on key issues related to reproductive health/family planning, HIV/AIDS and gender. Technical support will be provided to strengthen the capacity of the concerned agencies in planning and conducting advocacy in order to promote key ICPD messages and ensure the

provision of integrated, quality reproductive health services. Training will be given on strategy development, issues identification, materials production, advocacy tools, and procedures for monitoring and evaluation. The advocacy task force and the advocacy strategy developed under the previous programme will be utilized to reinforce the above-mentioned efforts.

22. Output 6: Policy makers' improved understanding of issues related to population ageing. UNFPA will provide support to compile and analyse existing primary and secondary data on ageing. Policy papers will be prepared for policy makers and researchers to discuss the implications of ageing for legislation and policymaking, and to identify further information needs. Small-scale research will be supported, and findings will be used to develop appropriate interventions to meet the needs of the elderly.

IV. Programme management, monitoring and evaluation

23. The Ministry of Foreign Trade and Economic Cooperation (MOFTEC) will be the central coordinating agency for the proposed programme. UNFPA will limit its execution primarily to technical backstopping, training and procurement of equipment and medical supplies. Programme implementation will be monitored and evaluated in accordance with established UNFPA guidelines and procedures. All activities and component projects will be monitored by MOFTEC, the executing and implementing agencies, and the UNFPA country office through field visits, interviews, special studies, and the use of qualitative and quantitative indicators, including those delineated in the results and resources framework (see annex).

24. The UNFPA country office in China will closely monitor progress in programme implementation and will undertake regular and systematic review of the monitoring system. High priority will be accorded to staff training and updating of monitoring tools. An investment in data collection is necessary to ensure the availability of the requisite data for monitoring. Annual programme reviews, a midterm review and a final evaluation will be conducted.

25. The country office is currently composed of a Representative, a Deputy Representative, two National Programme Officers, two Junior Professional Officers, two United Nations Volunteers and support staff. Technical backstopping will be provided by the CST based in Bangkok, Thailand. National and local consultants will also be utilized to provide technical inputs.

Annex: Results and Resources Framework for China

UNDAF Objectives: To improve the quality of, and equal access to, basic social services; and to reduce the burden of HIV/AIDS.

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To assist the Government of China in implementing the ICPD Programme of Action in the areas of reproductive health/family planning (RH/FP) and gender equality and in addressing ageing issues.	1. To have contributed to increased utilization of quality, integrated and client-oriented RH/FP services by women, men, and adolescents in accordance with the principles of the ICPD Programme of Action.	• Contraceptive prevalence rate for modern methods sustained at 83 per cent. • Condom use among family planning users increased from 5 per cent in 2000 to 8 per cent in 2005. • Births assisted by trained personnel sustained at 95 per cent. • Hospital deliveries among rural population increased from 50 per cent in 2000 to 60 per cent in 2005. • Abortion rate among women aged 15-49 reduced from 34/1000 in 1999 to 30/1000 in 2005. • STD prevalence rate not increased beyond current level (67 per 100,000 in 2000). • Average annual rate of increase of HIV/AIDS reduced from 30 per cent in 1996-2000 to 10 percent in 2001-2005 (in accordance with National HIV/AIDS Plan).	1. Increased availability to women, men and adolescents of quality, integrated and client-centred RH/FP information and services. **Output Indicators:** • SDPs offering a core package of RH/FP information, counselling and services including referral, according to SSDPs, increased from 60 per cent in 2000 to 80 per cent in 2005 in the programme areas. 2. (a) Increased awareness and knowledge of HIV/AIDS among policy makers, programme managers, service providers, and general public; (b) Increased availability of HIV/AIDS information and quality condoms for high-risk groups in pilot areas. **Output Indicators:** • Comprehensive Condom Strategy developed and adopted. • 80 per cent of women, men and adolescents in programme areas aware of modes of transmission, prevention and manifestation of HIV/AIDS and STDs. 3. Strengthened capacity and established mechanism for South-South collaboration in reproductive health. **Output Indicators:** • 10 training courses and seminars conducted for South-South collaboration countries.	$9.5 million ($7.8 million from regular resources and $1.7 million from co-financing and other resources). $3.5 million ($1 million from regular resources and $2.5 million from co-financing and other resources). $0.5 million ($0.4 million from regular resources and $0.1 million from co-financing and other resources).
	2. To have contributed to promotion of gender equality in access to resources (information, education and social support) and RH/FP services	• Policies supportive of gender equality in access to resources and RH/FP services reviewed, revised, and developed. • Programme supportive of gender equality in access to RH/FP services developed and implemented.	4. Increased gender awareness among (a) policy makers, programme managers, and service providers in the health sector, and (b) women, men and adolescents. **Output Indicators:** • 70 per cent of policy makers, programme staff and 50 per cent of men, women and adolescents are aware of the following: sex differentials in social and economic status, laws and policies promoting gender equality, male responsibility in RH/FP, reproductive rights, and gender-based violence.	$0.5 million from regular resources.

UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
			5. Strengthened capacity to conduct advocacy on key issues related to RH/FP, HIV/AIDS and gender. **Output Indicators:** • Reproductive health advocacy strategy implemented.	$0.2 million from regular resources.
	3. To have contributed to increased political support at national and local levels for policies and programmes dealing with ageing.	• National policies, administrative orders and local ordinances relating to the elderly issued and adopted.	6. Improved understanding of issues related to population ageing among policy makers. **Output Indicators:** • Research-based policy papers on ageing issues prepared and disseminated.	$0.5 million ($0.3 million from regular resources and $0.2 million from co-financing and other resources).
				$0.3 million from regular resources for programme coordination and assistance.

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